



cc 7/12

**HAWAII STATE ETHICS COMMISSION**  
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P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
SCHWIND	PAUL	J.	521-4717
MAILING ADDRESS (Street)			FAX
700 Bishop Street, Suite 1928			536-0132
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
LAND USE RESEARCH FOUNDATION OF HAWAII	521-4717	
MAILING ADDRESS (Street)	FAX	
700 Bishop Street, Suite 1928	536-0132	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Paul J. Schwind	521-4717	
MAILING ADDRESS (Street)	FAX	
700 Bishop Street, Suite 1928	536-0132	
(City)	(State)	(Zip Code)
Honolulu	HI	96813

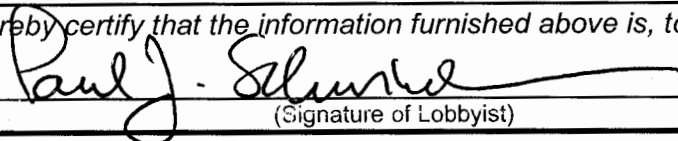
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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

**JAN 06 2005**

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Neil J. Hannahs	President

NAME OF ORGANIZATION (if applicable)

Land Use Research Foundation of Hawaii

TELEPHONE

521-4717

MAILING ADDRESS (Street)

700 Bishop Street, Suite 1928

FAX

536-0132

(City)

(State)

(Zip Code)

Honolulu

HI

96813

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

  
(Signature of Authorizing Officer or Person Represented)

**1-4-05**

(Date)